

SAMPLE PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE NAME: _____ SSN: _____
CLASS TITLE: _____ TITLE CODE: _____
POSITION NUMBER: _____ SUPERVISOR'S NAME: _____
REVIEW PERIOD: ____/____/____ to ____/____/____
DATE REVIEWED WITH EMPLOYEE: _____

This is to provide you with a formal Performance Improvement Plan in order to correct performance in areas that need improvement. To meet the expectations established for your position, you must improve in the specific area(s) noted below and continue successful performance in all other areas.

Performance Improvement Areas:
Specific areas which need improvement.

Performance Improvement Plan:
Corrective action to be taken and dates for conferences. (Additional sheets may be added if needed).

This is to acknowledge that I have, on the date indicated below, discussed the areas of performance in which I need to improve and the corrective action to be taken as indicated by my supervisor. My supervisor has notified me that if my work performance does not improve, it may result in a low rating at the time of the Annual Performance Evaluation.
In compliance with 101 KAR 2:180, "If an employee receives an overall rating of "Unacceptable", the agency shall 1) Demote the employee to a position commensurate with his/her skills and abilities; 2) Terminate the employee."

My supervisor and I agree to work together to enable me to improve my performance to a successful level.

Employee's Signature: _____ **Date:** ____/____/____
Employee Comments:

Supervisor's Signature: _____ **Date:** ____/____/____

Next Line Supervisor's Signature: _____ **Date:** ____/____/____
Supervisor's Comments.

Scheduled Date for Follow-up: _____

Follow-up Documentation: